Under the Paperwork Reduction Act of 1885, no persons a

"FEE ADDRESS" INDICATION FORM

Address to: Fax to: Mail Stop M Correspondence 571-273-6500 Commissioner for Patents - OR -P.O. Box 1450 Alexandria, VA 22313-1450 instructions: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below. If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: Customer Number: 83332 OR The attached Request for Customer Number (PTO/SB/125) form. APPLICATION NUMBER PATENT NUMBER (if known) 09/763,578 7.071.005 Completed by (check one): Applicant/Inventor James Herbert ___ Attorney or Agent of record (Reg. No.) Typed or printed name Assignee of record of the entire interest. See 37 CFR 3.71. (517)372-9200 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96) ,2013 Assignee recorded at Reel rd of the entire interest or their representative(s) are required. Submit multiple forms if more that one NOTE: Signatures of all the inven-sionature is required, see below.

This collection of information is required by 37 CFR 1.363. The information is required to distinct or relating boards by the parks of the bit is a part of the pa